This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>5/15/08</u> Case #: <u>42-28-312</u>	Address:	7000 V 9	a 650H
Case #: 42-25312		St Paul	ไฟ (เว≛7 โ
County: Decom			
Type of Laboratory Seizure (check one)	Scizure Location (e	heek a ll th at app	ly)
Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Residence Outbuilding L. Vehicle	Hotel/Mo Den – N Other:	
Items Found: Location (bedroom, kitchen, open si (check all that apply) Lithium/Ammonia Reaction(s):	r. etc)		
Red Phosphorous/Iodine Reaction(s):			
Fianmable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:	_		
Ilydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		rchant Tip	rine Tracking Log
This report is to be faxed to the following ager	icles tha <u>t scrye</u> the lo	<u>eation;</u>	
Fire Department: Sr Paul JED Health Department: Down Co	Fax: _D_	665.870+	ະນ
Health Department: Decon Co	Fax: <u>812</u>	662.8204	
Child Protection Service:	Fax:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Plane Coq-5000			
** This form is to be faxed to the Fire Department, Hea	th Department and/or Chi	ld Protective Serv	ices Department

listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.